

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091 595- 599

FILING DATE

6-15-00

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
(1)				
2		1		
3		1		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
(11)		1		
12		1		
13		1		
14		1		
(15)		1		
16		1		
17		1		
18		1		
(19)		1		
20		1		
21		1		
(22)		1		
23		1		
24		1		
(25)		1		
26		1		
27		1		
28		1		
29		1		
30		1		
31		1		
32		1		
33		1		
34		1		
35		1		
36		1		
(37)		1		
38		1		
39		1		
40		1		
41		1		
42		1		
43		1		
(44)		1		
45				
46				
47				
48				
49				
50				
TOTAL ND.	8			
TOTAL DEP.	36			
TOTAL CLAIMS	44			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

BEST AVAILABLE COPY